

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	1644
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	No
Title::	METHODS OF PREVENTING IMMUNE-MEDIATED ABORTION BY INHIBITING A CD28-MEDIATED COSTIMULATORY SIGNAL
Attorney Docket Number::	GNN-010CPDV
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Vincent
Family Name::	Ling
City of Residence::	Walpole
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	19 Forsythia Drive
City of mailing address::	Walpole
State or Province of mailing address::	MA

Postal or Zip Code of mailing address:: 02081

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gary  
Middle Name:: S.  
Family Name:: Gray  
City of Residence:: Brookline  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 32 Milton Road  
City of mailing address:: Brookline  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02146

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: James  
Middle Name:: C.  
Family Name:: Keith  
Name Suffix:: Jr.  
City of Residence:: Andover  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 28 Vine Street  
City of mailing address:: Andover  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01810

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: Srinivas  
 Family Name:: Maganti  
 City of Residence:: Portsmouth  
 State or Province of Residence:: NH  
 Country of Residence:: US  
 Street of mailing address:: P.O. Box 662  
 City of mailing address:: Portsmouth  
 State or Province of mailing address:: NH  
 Postal or Zip Code of mailing address:: 03802-0662

#### **Correspondence Information**

Correspondence Customer Number:: 00959

#### **Representative Information**

Representative Customer Number:: 00959

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	09/628129	07/28/00
09/628129	Continuation-in-part of	09/362812	07/28/99

#### **Assignee Information**

Assignee name:: GENETICS INSTITUTE, INC.  
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